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Obstetrical Nursing Procedures and Clinical Skills

Midwifery & Obstetrical Nursing

Antenatal examination, abdominal palpation, fetal heart rate assessment, vaginal examination principles, partograph recording, labour room preparation, assisting normal delivery, placental examination, newborn assessment and postnatal procedures.

For educational purposes only.

CHAPTER 25 / MIDWIFERY AND OBSTETRICAL NURSING 25. Obstetrical Nursing Procedures and Clinical Skills

1. General preparation and safety

All clinical procedures require verified identity, indication, consent, explanation, equipment, hand hygiene, appropriate PPE/asepsis, privacy, trained supervision and documentation. Assess urgent symptoms before routine tasks. Use authorized checklists and ensure resuscitation/referral capacity.

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2. Antenatal examination checklist

Step	Essential observations
History	LMP/EDD, gestation, obstetric/medical history, medicines, symptoms, fetal movement and risks.
General exam	BP, pulse, weight, pallor, oedema, general condition; additional vitals as indicated.
Abdomen	Inspection, fundal height, Leopold's manoeuvres (fundal, lateral, Pawlik, pelvic grips), lie/presentation/position by trained examiner.
Fetal heart	Approved Doppler/fetoscope, distinguish maternal pulse, record rate and context; 110-160 commonly normal baseline.
Investigations/plan	Review results, supplementation, immunization, risk referral, danger signs and next contact.

3. Vaginal examination principles

Conduct only when indicated, by authorized trained provider, consent and chaperone/privacy, hand hygiene and appropriate clean/aseptic technique. Assess cervix dilatation/effacement, presenting part, position, station, membranes and findings as relevant. Minimize unnecessary examinations after rupture of membranes; contraindicated digital examination if suspected placenta previa before exclusion. Communicate findings and document examiner/time. Stop if consent withdrawn and reassess urgency/alternatives.

4. Labour room preparation and partograph

Check clean/sterile supplies, delivery tray, uterotonic and haemorrhage kit, newborn warming/resuscitation equipment, oxygen, suction and emergency referral contacts. Record fetal heart, contractions, progress, maternal vitals, drugs/fluids, urine and supportive care on approved partograph/WHO LCG. Escalate alert

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findings rather than acting on arbitrary cervical rate alone.

5. Birth assistance, placenta and newborn assessment

Assist skilled birth attendant with positioning, monitoring, sterile equipment, respectful support and emergency escalation. Immediate newborn dry/warm, assess breathing, resuscitate when needed, record Apgar, cord clamp timing, identification, weight and exam. Placenta and membranes examined by trained provider for completeness, cord vessels and abnormalities; observe mother for bleeding, tone and trauma. Fourth stage monitor at prescribed intervals, assess uterus, lochia, BP/pulse, bladder, perineum/wound and breastfeeding.

6. Postnatal procedures

Assist perineal/wound care, breast and attachment assessment, newborn weighing/vitals and approved prophylaxis/immunization; maintain asepsis, safe positioning and warmth. Provide counselling and document all findings/actions, outcomes and referrals. Use simulation/clinical logbooks to confirm competency; written notes are not authorization for independent performance.

7. Important Examination Questions

Long Answer Questions

1. 1. Describe ANC examination with Leopold manoeuvres and partograph recording
2. 2. discuss birth and newborn care checklist.

Short Answer Questions

1. 1. Explain vaginal exam safety
2. 2. list labour room equipment

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1. 3. describe placental examination.

Very Short Answer Questions (with answers)

1. 1. What is station 0? - Presenting part at ischial spines.
2. 2. How many normal umbilical arteries? - Two.

8. Quick Revision

- Invasive skills need supervision.
- Verify equipment and emergency readiness.
- Record findings in real time.

9. Conclusion

Invasive skills need supervision. Verify equipment and emergency readiness. Record findings in real time.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which action is appropriate if consent for a vaginal examination is withdrawn?

A. Continue because the examination has begun

B. Ask a relative to override the refusal

C. Record consent without discussing the change

D. Stop and reassess urgency and alternatives

2. What should the trained provider assess when examining the delivered placenta and membranes?

A. Completeness, cord vessels and abnormalities

B. Cervical effacement, dilatation and station

C. Fetal lie, presentation and position

D. Newborn rooting, Moro and grasp reflexes

3. Which equipment must be checked during labour-room preparation?

A. Only adult cardiac monitoring equipment

B. Newborn warming and resuscitation equipment

C. Only routine antenatal measuring equipment

D. Only postnatal wound-dressing supplies

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Answer key and explanations

1. D - Stop and reassess urgency and alternatives

Consent withdrawal requires stopping and reassessing the clinical situation.

2. A - Completeness, cord vessels and abnormalities

Placental examination assesses completeness and abnormalities, including cord vessels.

3. B - Newborn warming and resuscitation equipment

Labour-room preparation includes emergency readiness for the newborn.

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